

Name
in
FullW^m F Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

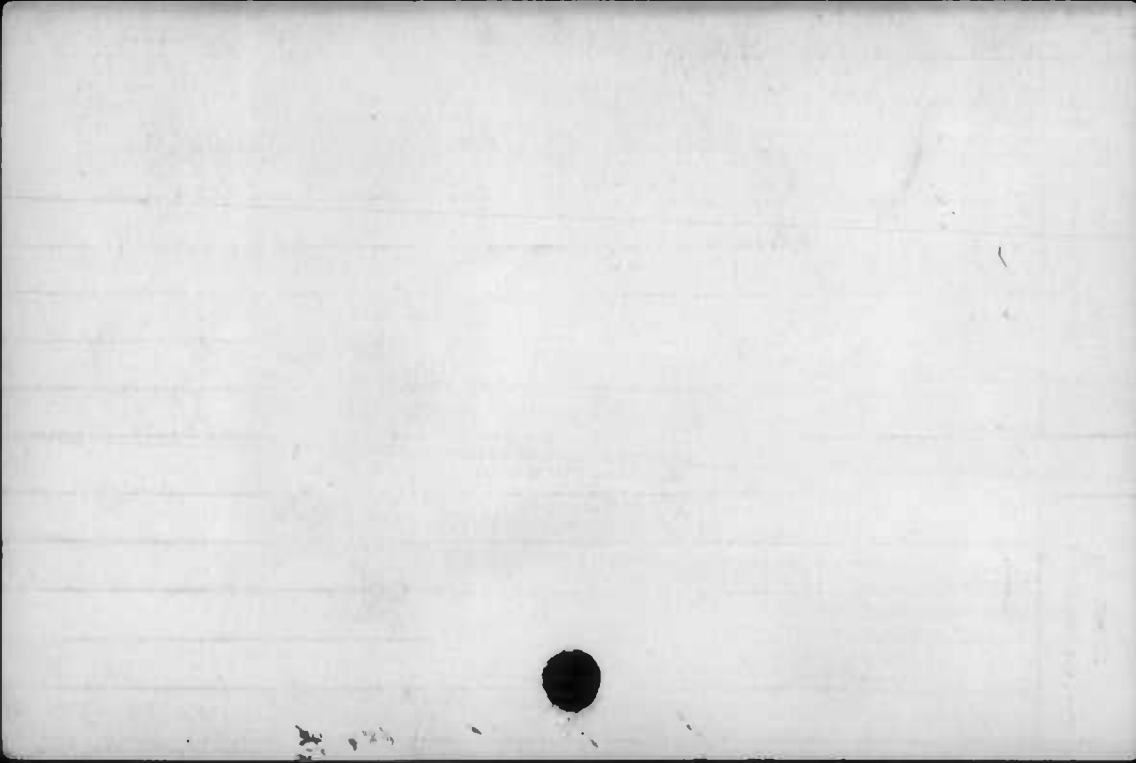
Died at		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1910	Month <i>April</i>	Day <i>13</i>	Age	31	Years	Months <i>9</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Delaware</i>
Occupation	<i>machinist</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Ella Adams</i>				
Father's Name	<i>Jacob Adams</i>					Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>Margaret Griffith</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Ella Adams</i>					How related to deceased	<i>wife</i>

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	<i>Malignant Scirrhous</i>	How long	<i>48 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo M. Sherry</i>	
		Address <i>Perryville, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Joseph Beckhoff*
Elkton (Hospital) *Cecil*

Date of death *1900* *Apr* *11* *Age* *48*

Sex *male* Color or Race *white* Birthplace *Germany*

Occupation *Road laborer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Anna Beckhoff*

Father's Name *Frances Beckhoff* Father's Birthplace *Germany*

Mother's Maiden Name *Rose Spitz* Mother's Birthplace *"*

Name of person giving Information *Anna Beckhoff* How related to deceased *wife*

CAUSES OF DEATH

Primary *Pneumonia -* How long *1 week*

Immediate *Edema of lungs - Heart failure* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Howard Bratton*

Josef Backof. *yes.*

Address *Elkton Md*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ethel R Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton ^{Town} County Cecil ^{County} MARYLAND

Date of death 1940 ^{Month} 4 ^{Day} 18 ^{Years} 15 ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place Ind

Occupation School girl Where Residing if not at place of death Ind

Married, Single or Widowed Single Name of Wife or Husband Ind

Father's Name George B Biddle Father's Birthplace Ind

Mother's Maiden Name Mary Pearson Mother's Birthplace "

Name of person giving Information George B Biddle How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Endocarditis How long 10 years

Immediate Heart failure How long 3 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Arthur Mitchell
Elkton Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

of death

1940

Month

4

Day

18

Age

Years

43

Months

Days

Sex

Male

Color or
Race

Col

Birth-
place

Unknown

Occupation

Fisherman

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Alfred Jackson

How related
to deceased

No

CAUSES OF DEATH

Primary

Alcoholic Stimulants

How long

How long

10 hours

Immediate

Exposure

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Frank Jagers, Crown
Eston, Md.

Accident or Suicide

Accident

PHYSICIAN
OR CORONER

Alms house

Name
in
Full

Martha Jane Brown
Town Pleasant Hill County

CERTIFICATE OF DEATH

MARYLAND

Died at Pleasant Hill Cecil

Date of death 1960 Apr. 13 Age 45 - about
Month Day Years Months Days

Sex Female Color or Race Black Birth-place Pleasant Hill Md.

Occupation Wife Where Residing if not at place of death Pleasant Hill

Married, Single or Widowed Married Name of Wife or Husband John Thomas Brown

Father's Name Don't. Know. Father's Birthplace Don't. Know

Mother's Maiden Name Katie Tolbet- Mother's Birthplace Maryland

Name of person giving Information John Thomas, Brown. How related to deceased Husband.

CAUSES OF DEATH

Primary Tuberculosis How long 3 months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician D. L. Gifford

Address North East Md.

Accident or Suicide Intermment, Cedar Hill

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wm. E. Mason

Undertaker

Name
in
Full

Rachel J Cantorrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *North East* Town *Cecil* County

MARYLAND

Date of death *1910* Month *4* Day *17* Age *83* Years Months *4* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *John Cantorrell*

Father's Name *Jesse H Simpson* Father's Birthplace *Ind*

Mother's Maiden Name *Lane Smith* Mother's Birthplace *Ind*

Name of person giving information *Mrs Simpson* How related to deceased *Daughter*

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary

Lumbar & Thoracic

How long

One year

Immediate

How long

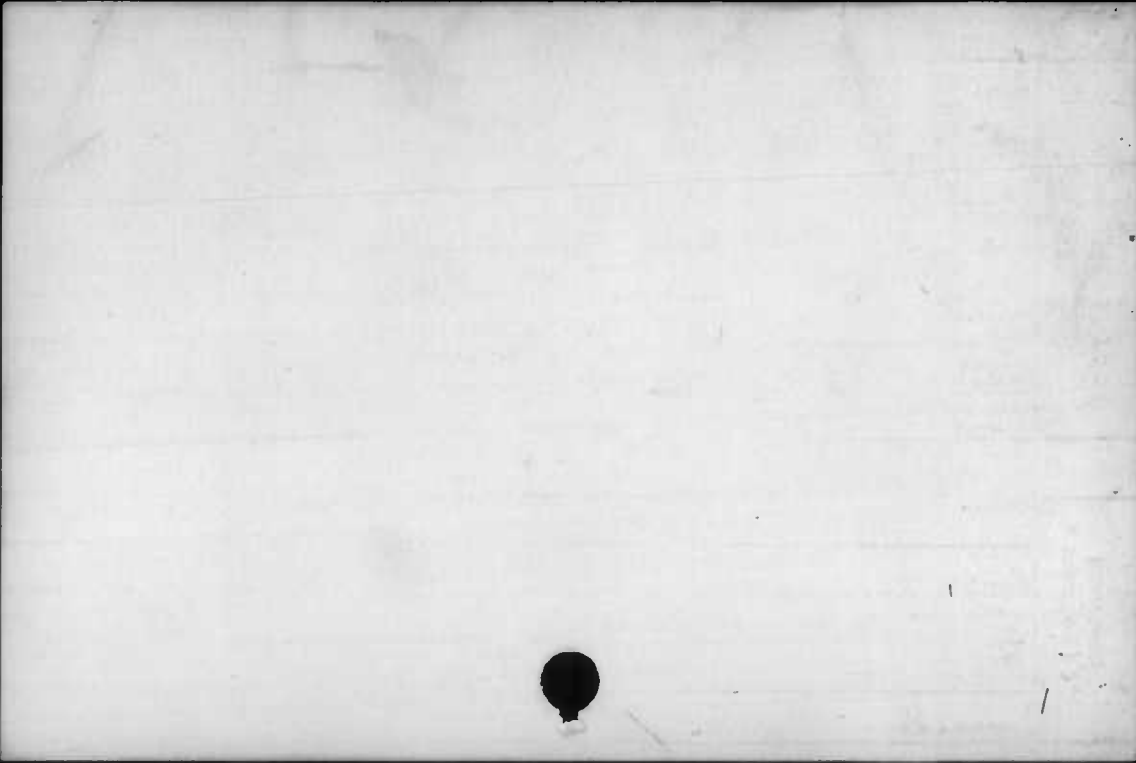
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. H. Simpson
N. East

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Susan Crow

Town

County

Died at

Cherry Hill

Cecil Co. Calmar House

MARYLAND

Date

of death

1960 April

Month

Day

16

Year

Age

78

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

No information

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

No information

Father's
Birthplace

No information

Mother's
Maiden Name

No information

Mother's
Birthplace

No information

Name of person giving
Information

Calmar House record

How related
to deceased

CAUSES OF DEATH

Primary

Fracture of femur (accidental)

How long

8 mos

Immediate

Exhaustion

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. T. Morrison,
Elkton, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Almshouse

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George H. Bran*
Died at *North East* *Carl*
Town County

MARYLAND

Date of death *1980* *4* *6* *34*
Month Day Years

Months Days

Sex *Male* Color or Race *White* Birth-place *North East*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Julia A Bran*

Father's Name *Israel R Bran* Father's Birthplace *Penna*

Mother's Maiden Name *Merviva Ann Sexton* Mother's Birthplace *Maryland*

Name of person giving Information *Merviva Ann Sexton Bran* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Kidney Trouble*

How long *64*

Immediate *Cerebral Hemorrhage*

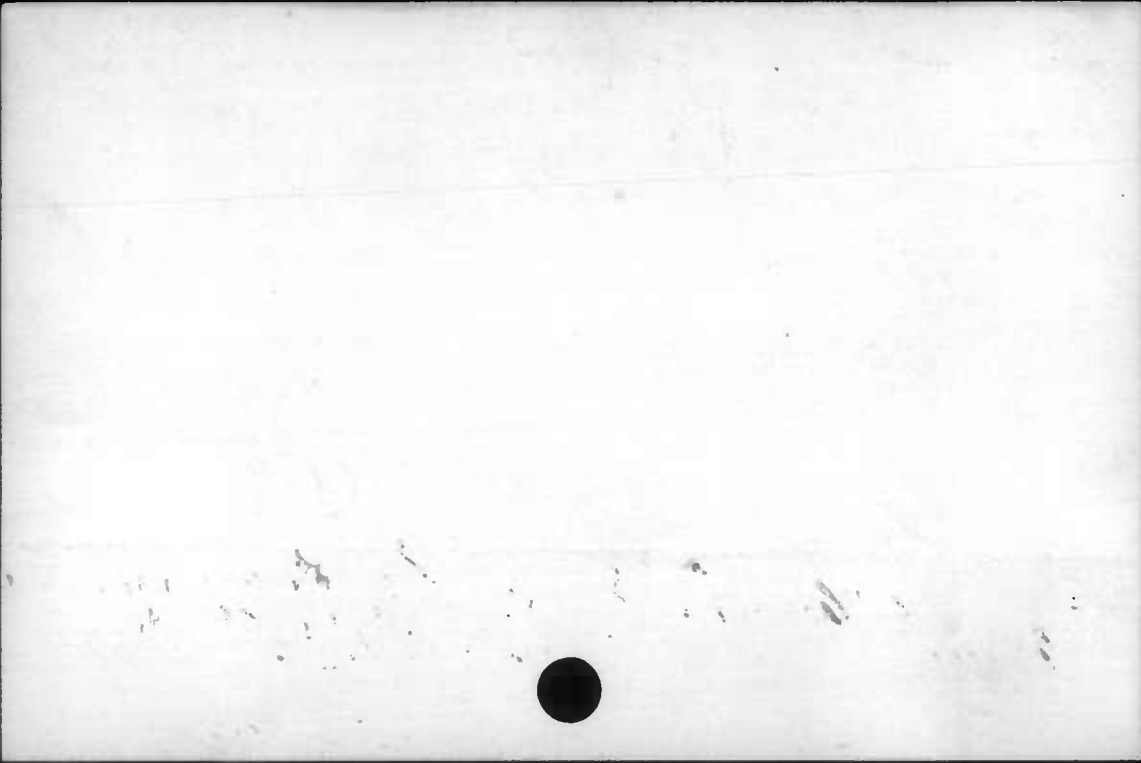
How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James Edgar Connor*
Address *Sexton Md*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Thomas Jefferson Ferguson

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Lewisville</i>		^{County} <i>Cecil</i>		MARYLAND	
Date of death <i>1900 Apr.</i>		Month <i>Apr.</i>	Day <i>18</i>	Age <i>70</i>	Years <i>7</i> Months <i>26</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Penna.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Lewisville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ferguson</i>				
Father's Name <i>Thomas Ferguson</i>	Father's Birthplace <i>Penna.</i>				
Mother's Maiden Name <i>Susan Brogan</i>	Mother's Birthplace <i>Penna.</i>				
Name of person giving information <i>Mary Ferguson</i>	How related to deceased <i>White</i>				

CAUSES OF DEATH

(93) ^v

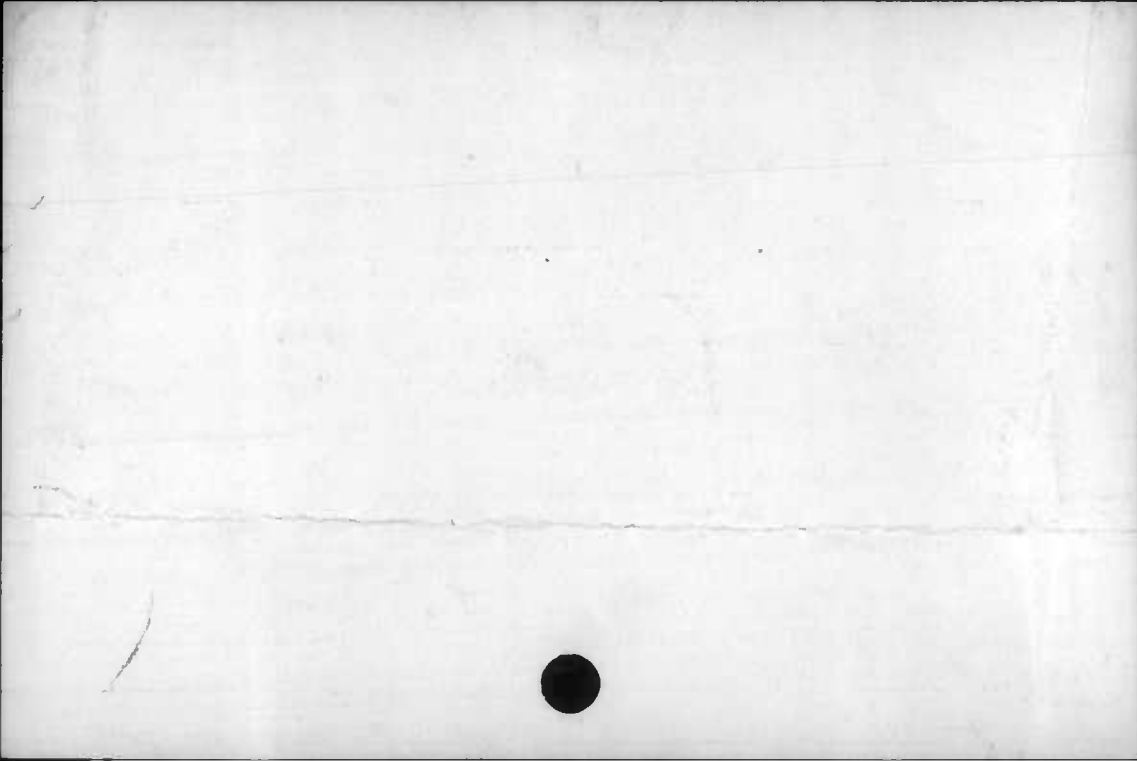
PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>72 hrs.</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. B. West*
Address *Winkler*

Accident or Suicide?



Name
in
Full

Alfred William Filberg
Elkton ^{town} Cecil ^{County}

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1960 Apr

Day

22

Age

Years

4

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Pa

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles Filberg

Father's
Birthplace

Pa

Mother's
Maiden Name

Edna Marcher

Mother's
Birthplace

MD

Name of person giving
Information

Chas Filberg

How related
to deceased

Father

CAUSES OF DEATH

Primary

Meningitis

How long

2 weeks

Immediate

Convulsions

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. H. [Signature]
Elkton
MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Carvley

—

Name
in
Full

Mr. Hiram J. Gillespie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Liberty Groove</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>Apr.</i>	Day <i>1</i>	Age <i>65</i> Years	Months <i>8 mo.</i>	Days <i>3.</i>
Sex <i>male</i>	Color or Race <i>white. Amer.</i>		Birth-place <i>Liberty Groove Md.</i>		
Occupation <i>Painter</i>		Where Residing if not at place of death <i>Liberty Groove Md.</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sallie B Gillespie</i>				
Father's Name <i>Samuel Gillespie</i>	Father's Birthplace <i>Liberty Groove</i>				
Mother's Maiden Name <i>Sussanna Shooff</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Rev. Ernest Gillespie</i>	How related to deceased <i>Son.</i>				

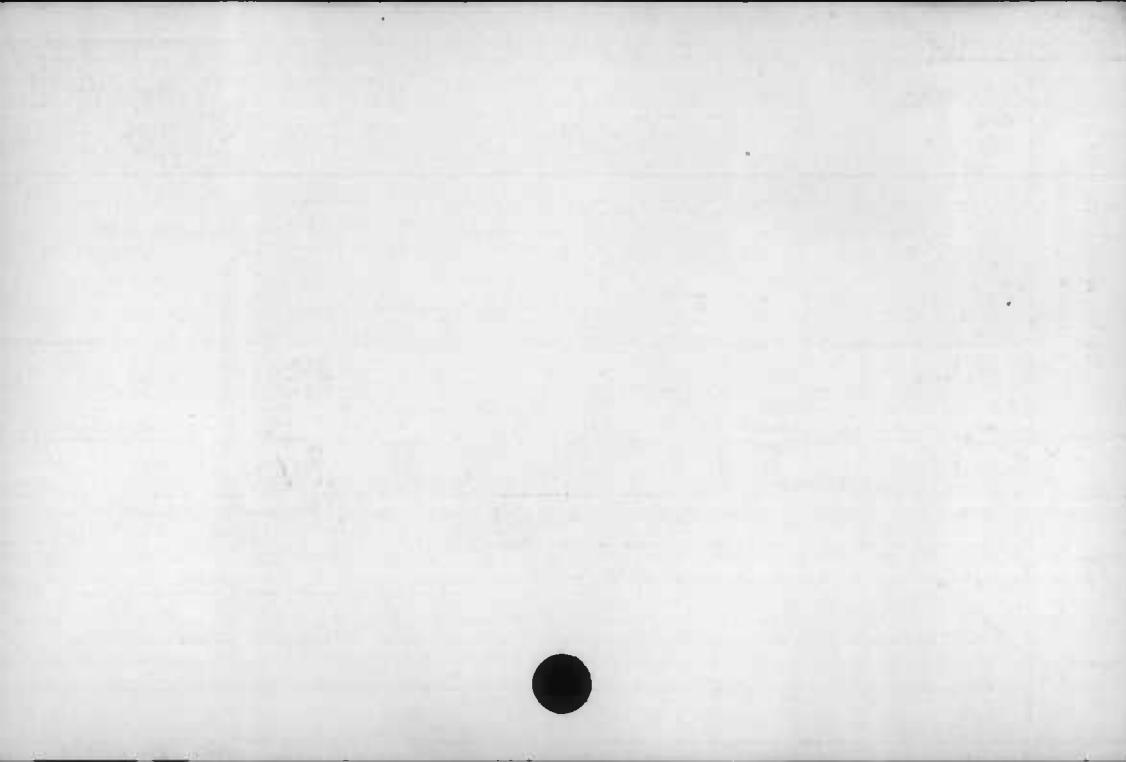
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Lobar Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ernest Roulant</i>
	Address <i>Liberty Groove Md.</i>
<i>Accident or Suicide?</i>	

11
67
911

Name in Full Wm Swans		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Elkton Town		County Cecil
	Date of death 1910 Month 4 Day 8		Age — Years Months — Days 38
	Sex Male	Color or Race White	Birth-place Elkton Md
	Occupation —		Where Residing if not at place of death
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Henry Mitchell Swans	Father's Birthplace Md	
Mother's Maiden Name Clara Rhoads	Mother's Birthplace Md		
Name of person giving information Henry M Swans	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Inanition - Premature	How long —	
	Immediate —	How long —	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. Archer Mitchell	
	2	Address Elkton Md.	
	Accident or Suicide?		



Name
in
Full

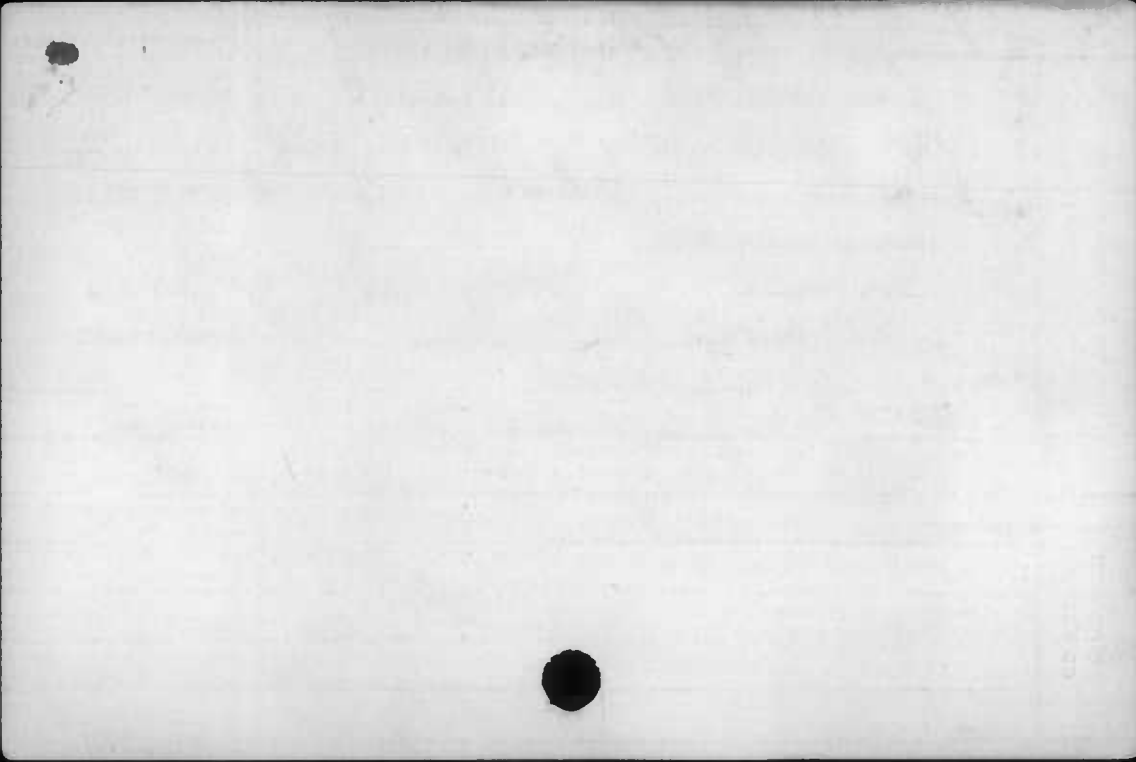
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John B Hopkins		Town Principio		County Cecil		State MARYLAND	
Died at Principio		Month April		Day 10		Years 75	
Date of death 1910		Month April		Day 10		Age 75	
Sex Male		Color or Race White		Birth-place Penn		Months 7	
Occupation Forgeman		Where Residing, if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Margaret Hopkins					
Father's Name Charles Hopkins		Father's Birthplace Penn					
Mother's Maiden Name Ellen Bell		Mother's Birthplace "					
Name of person giving information Margaret Hopkins		How related to deceased Wife					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary Tuberculosis Lung	How long 2 1/2 years
Immediate Cancer of Liver	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. M. Thompson
	Address Myrica W. D.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

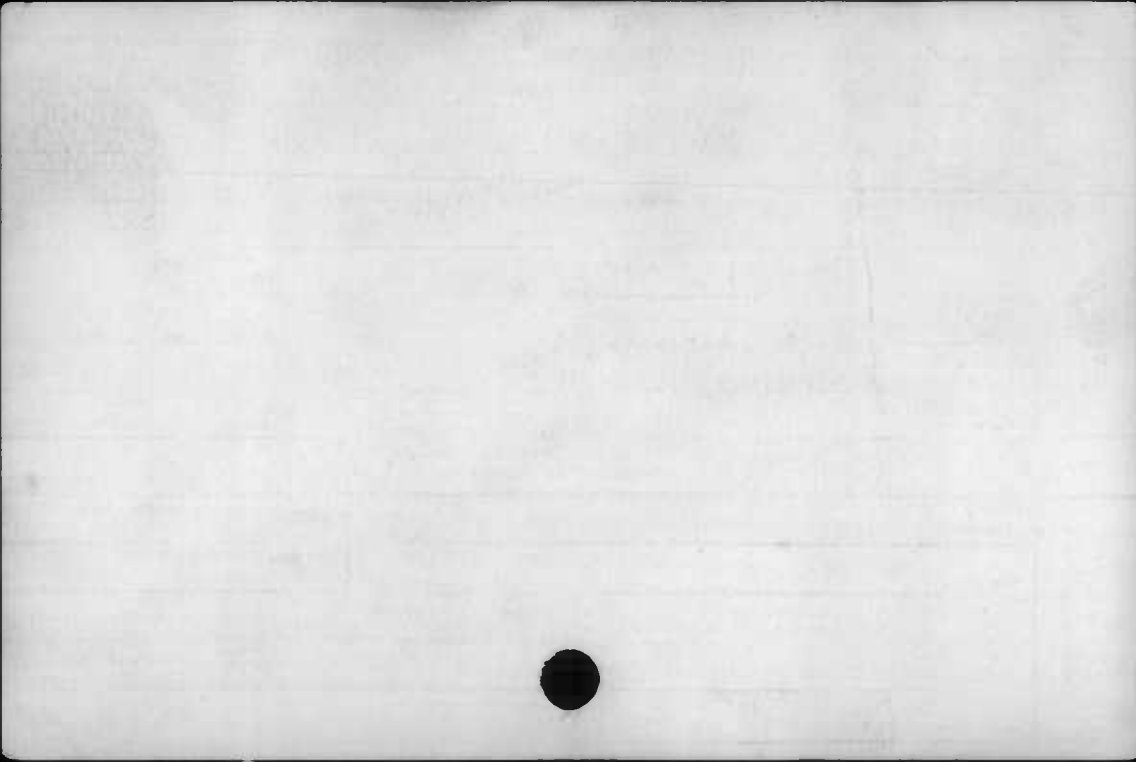
TO BE ANSWERED BY
NEAREST FRIEND

Name of Deceased <i>Infant Joshua Hudson</i>		Town <i>Cayuga Corners</i>		County <i>Cesar</i>		MARYLAND	
Died at <i>Cayuga Corners</i>		Month <i>Apr</i>		Day <i>2nd</i>		Year <i>1910</i>	
Date of death <i>19 10</i>		Month <i>Apr</i>		Day <i>2nd</i>		Age <i>10 hours</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cayuga Corners</i>		Months — Days —	
Occupation <i>Infant</i>		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name <i>Joshua Hudson</i>		Father's Birthplace <i>Cesar Co Md</i>					
Mother's Maiden Name <i>Eugene Blansford</i>		Mother's Birthplace <i>Cesar Co Md</i>					
Name of person giving information <i>Joshua Hudson</i>		How related to deceased <i>Birth</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Insufficiency</i>	How long <i>some hours</i>
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Jones</i>
	Address <i>Chesapeake Bay Md</i>
Accident or Suicide? <i>9</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

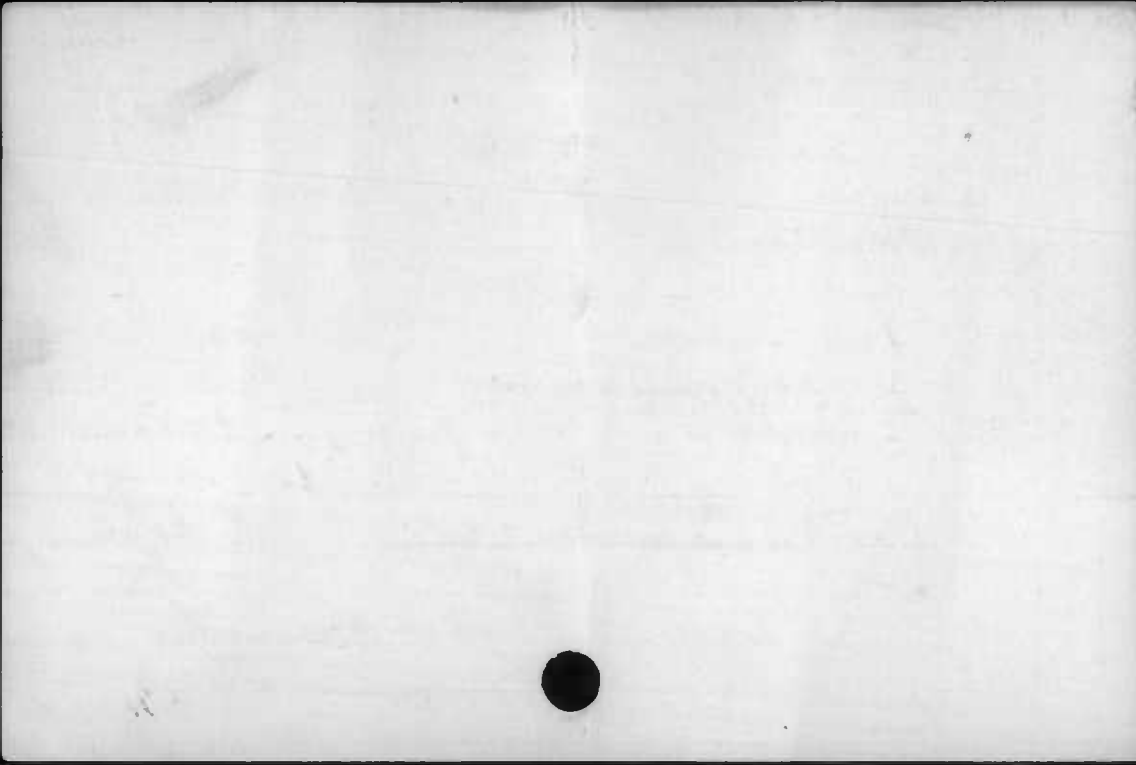
Died at		Town <i>Cecil</i>		County <i>Cecil</i>		MARYLAND	
Date of death	19	10	Month 4	Day 20	Years 21	Months —	Days 28
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Somerset Co. Ind</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death —			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Prosser Johnson</i>			
Father's Name	<i>Abel Thompson</i>			Father's Birthplace	<i>Cecil Co. Ind</i>		
Mother's Maiden Name	<i>Josephine E. Collins</i>			Mother's Birthplace	<i>Caroline Co. Ind</i>		
Name of person giving information	<i>Josephine E. Thompson</i>			How related to deceased	<i>brother</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>20 days</i>
Immediate	<i>u</i>	How long	<i>u</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Crawford</i>		
	Address <i>Cecil Co. Ind</i>		
Accident or Suicide?			



Name
in
Full

Anna M Jonson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} North East ^{County} Cecil MARYLAND

Date of death 1910 ^{Month} April ^{Day} 11 ^{Age} 54 ^{Years} ^{Months} — ^{Days} 14

Sex Female Color or Race White Birth-place Bay View

Occupation Teacher Where Residing if not at place of death —

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm Jonson

Father's
Birthplace

Bay View

Mother's
Maiden Name

Ed Jonson

Mother's
Birthplace

.. ..

Name of person giving
Information

John F Jonson

How related
to deceased

Brother

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary

Toxemia from Scurclaterina

How long

8 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

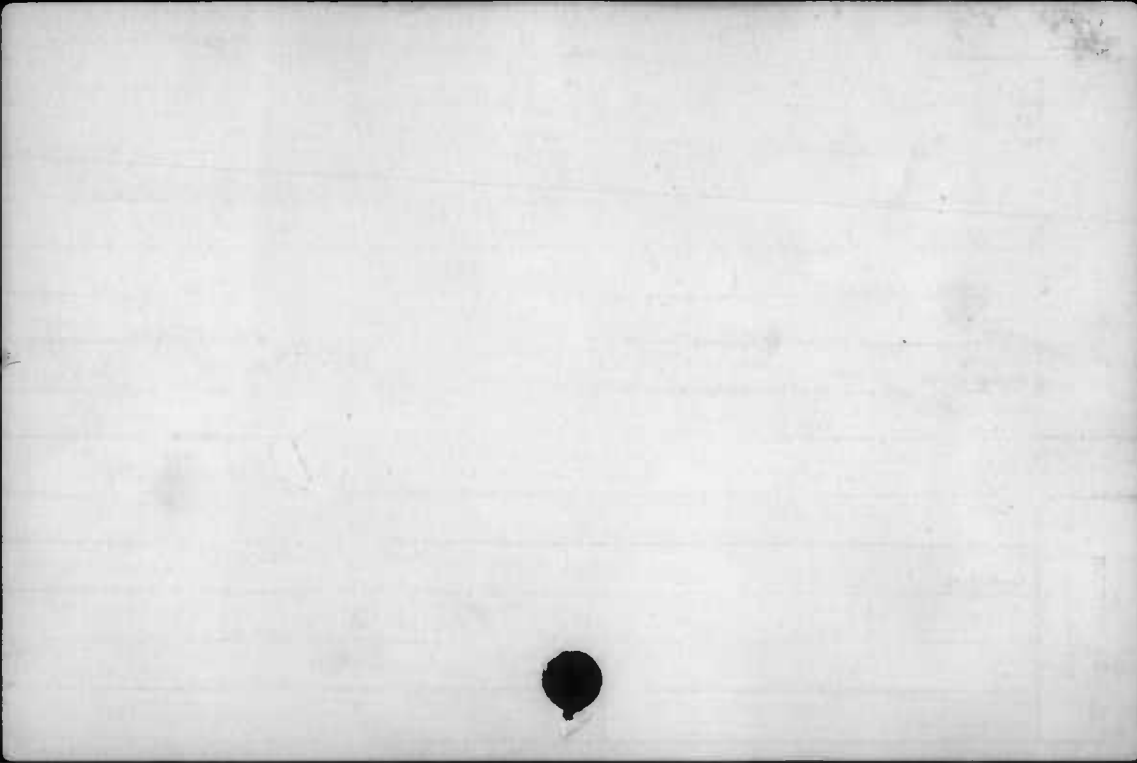
Signature of
Physician

L F Hamuck

Address

North East
Imp

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Jesse May Kehr*
Town *North East* County *Cecil*

MARYLAND

Date of death 19*10* Month *April* Day *19* Age *17* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Philadelphia*
Occupation *Hat Binder* Where Residing if not at place of death *North East*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *James Kehr* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Ella Sager* Mother's Birthplace *Philadelphia*

Name of person giving Information *Ella Bryson* How related to deceased *Mother*

CAUSES OF DEATH

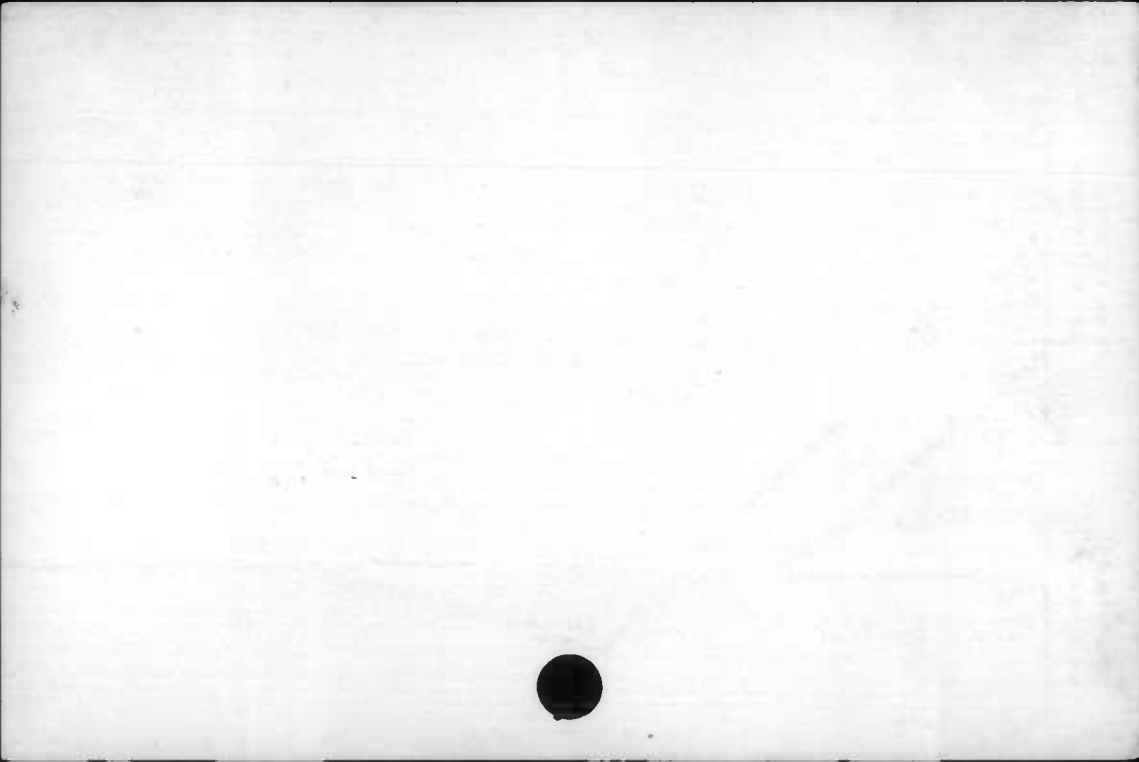
Primary *Tuberculosis* How long *2 1/2 years (inj)*

Immediate *Lungs* How long *—*
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *B. H. Hensley*
Address *North East*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elkneck* Town *Cecil* County

Date of death 19*10* *April* *24* ^{Month} ^{Day} Age *63* ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *Cobalt* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death *Elkneck*

Married, Single or Widowed *married* Name of Wife or Husband *Sarah maker*

Father's Name *Thinson maker* Father's Birthplace *don't know*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving Information *Sarah maker* How related to deceased *Wife*

CAUSES OF DEATH

120

Primary *Bright* How long

Immediate *Heart* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *B. H. H. H. H. H.*

Address *N. E. H.*

Accident or Suicide

PHYSICIAN
OR CORONER

West Colored Church-

Name
in
Full

Samuel H Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Colona^{County} Cecil

MARYLAND

Date
of death 1910

Month Apr

Day 20th

Age

Years 32

Months 7

Days 19

Sex

Male

Color or
Race

White

Birth-
place

Rock-Springs

Occupation

R.R. Brokerman

Where Residing if not
at place of death

at home

Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Stephen J Murphy

Father's
Birthplace

Maryland

Mother's
Maiden Name

Phebe McVey

Mother's
Birthplace

Pennsylvania

Name of person giving
information

Phebe Murphy

How related
to deceased

Mother

CAUSES OF DEATH

99

Primary

Acute Lobar Pneumonia

How long

3 days

Immediate

Exhaustion

How long

1 "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Ernest Howard

Address

Liberty Groove
Md.PHYSICIAN
OR CORONER

Accident or Suicide?

Mr. Samuel H. Murphy
was suffering from
Pulmonary Tuberculosis
had left Penn. State
Sanatorium. South Mt
to come home to attend
father's funeral, while
home. Developed acute
Lobar Pneumonia.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chesapeake City</i>		County <i>Anne</i>		MARYLAND	
Date of death	1910	Month <i>April</i>	Day <i>25</i>	Age Years <i>65</i>	Months <i>11</i>	Days <i>16</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Perinton</i>				
Occupation <i>Trader</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Retha M. Hatt</i>						
Father's Name <i>Charles Hatt</i>	Father's Birthplace <i>Centerville Ind</i>						
Mother's Maiden Name <i>Retha M. Lott</i>	Mother's Birthplace <i>Perinton</i>						
Name of person giving Information <i>Retha M. Hatt</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Cronen</i>
	Address <i>Chesapeake City Ind</i>
Accident or Suicide?	



Name
in
Full

Isaac W Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

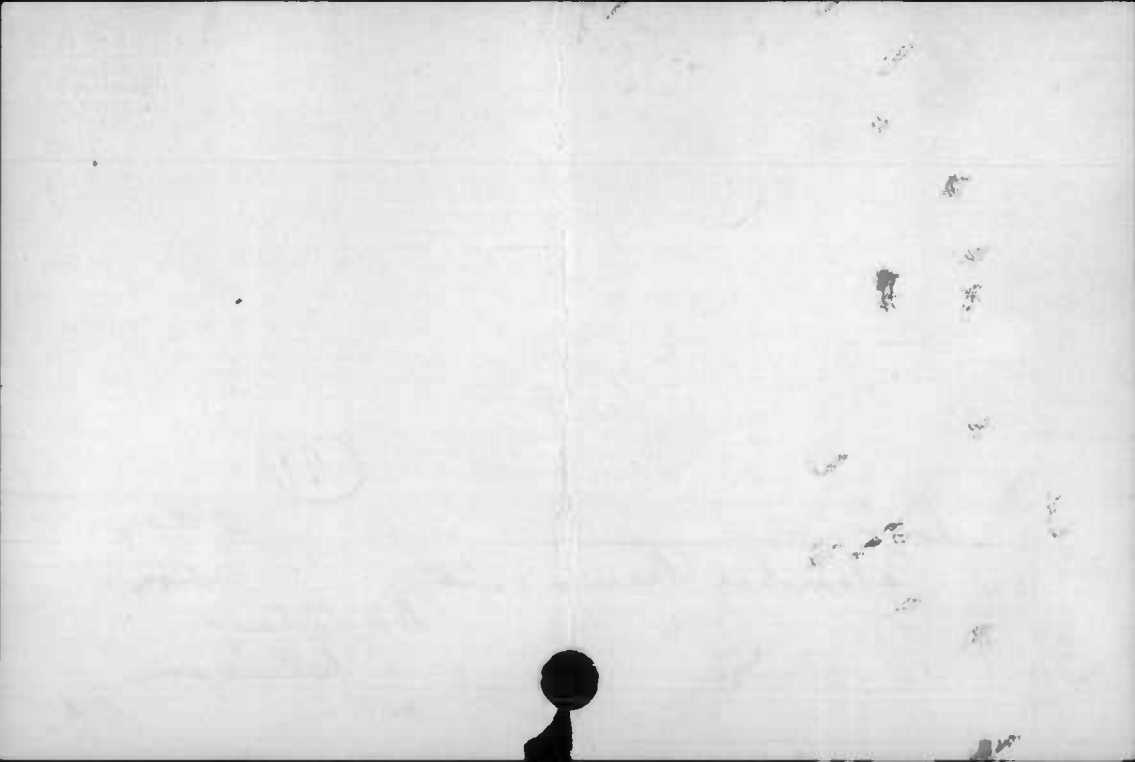
Died at <i>Cobra</i> Town		<i>Becil</i> County		MARYLAND	
Date of death	19 <i>10</i> Month <i>April</i> 30 th	Day <i>Sat</i>	30	Age	<i>44</i>
Sex	<i>man</i>	Color or Race	<i>White</i>	Birth-place	<i>Frankford</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Isaac W Preston</i>		
Father's Name	<i>Isaac W Preston</i>		Father's Birthplace	<i>Frankford</i>	
Mother's Maiden Name	<i>Helena Woodrow</i>		Mother's Birthplace	<i>Piquette, Sun</i>	
Name of person giving information	<i>Emmett E Preston</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis (Mitral Regurgitation)</i>		How long	<i>1 y r.</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>	
			Address <i>Liberty Groove Md</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

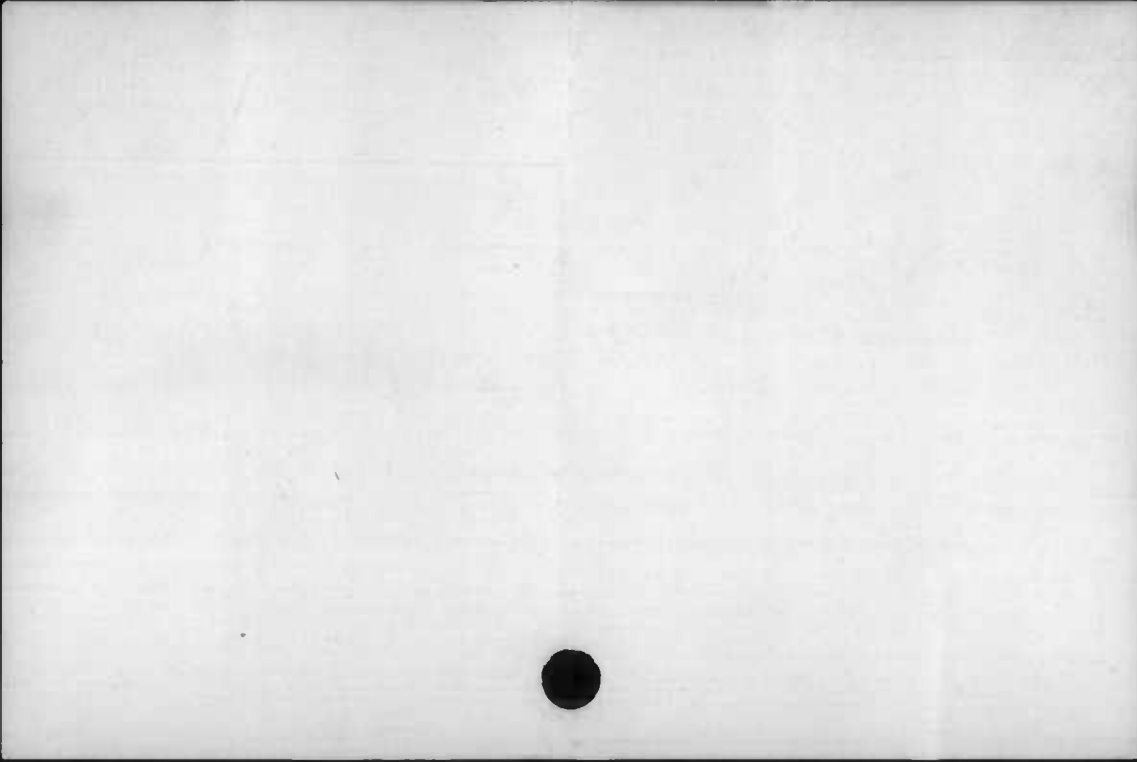
Name in Full Jennie E. Rowan		Town Near Earlsville		County Cecil		MARYLAND	
Died at Near Earlsville		Month 4		Day 29		Years 64	
Date of death 1910		Month 4		Day 29		Age 64	
Sex Female		Color or Race White		Birth-place Delaware		Months 11	
Occupation House Wife		Where Residing if not at place of death —		Days 6			
Married, Single or Widowed Widowed		Name of Wife or Husband John P. Rowan		Father's Birthplace Delaware		Mother's Birthplace Delaware	
Father's Name John Cavender		Mother's Maiden Name Emeline Bolton		Name of person giving information John C. Rowan		How related to deceased Son	

CAUSES OF DEATH

(10) ✓

PHYSICIAN
OR CORONER

Primary La Grippe	How long 5 days
Immediate Lobar Pneumonia	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician M. Black
	Address Clinton Ind.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

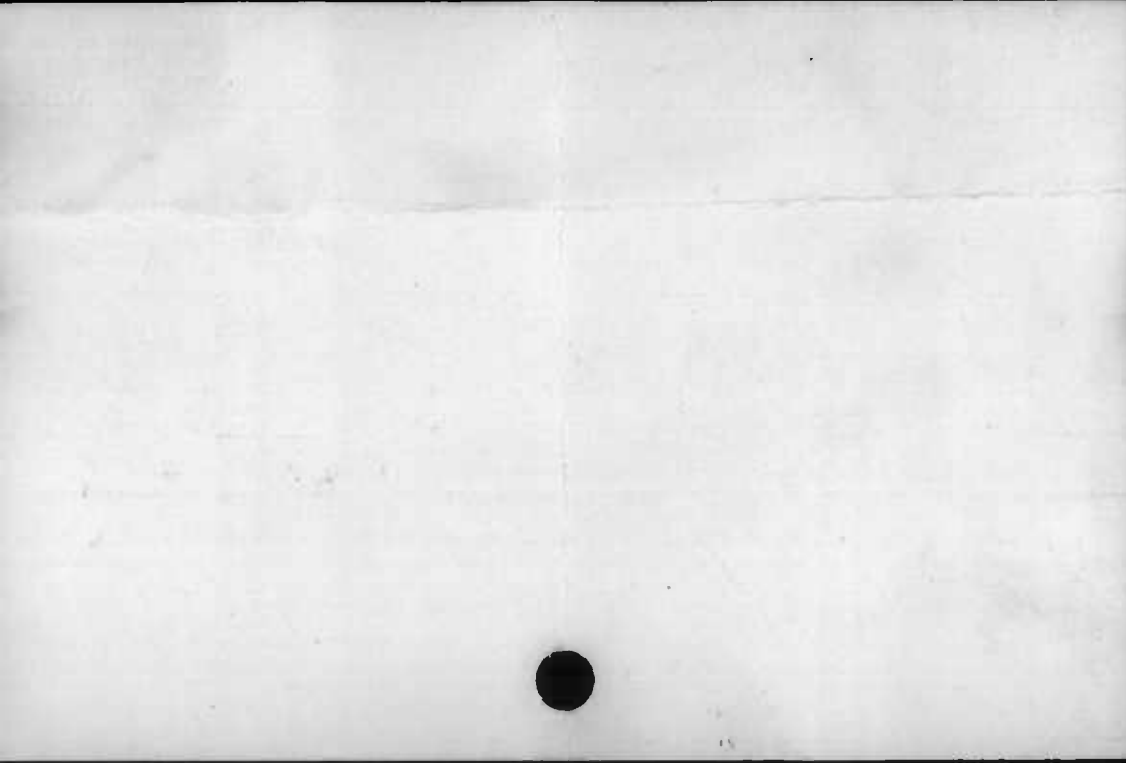
Died at		Town <i>Rowlandville</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>20th</i>	Age <i>69</i>	Years	Months <i>—</i>	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Rowlandville</i>			
Occupation <i>General work</i>		Where Residing if not at place of death <i>Rowlandville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary S. Stewart</i>					
Father's Name <i>James Stewart</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Springer</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>M. Willie Stewart</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>8 mos</i>
Immediate <i>Pulmonary Edema</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Jack</i>
	Address <i>Liberty - Green</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Laura Yaylor

CERTIFICATE OF DEATH

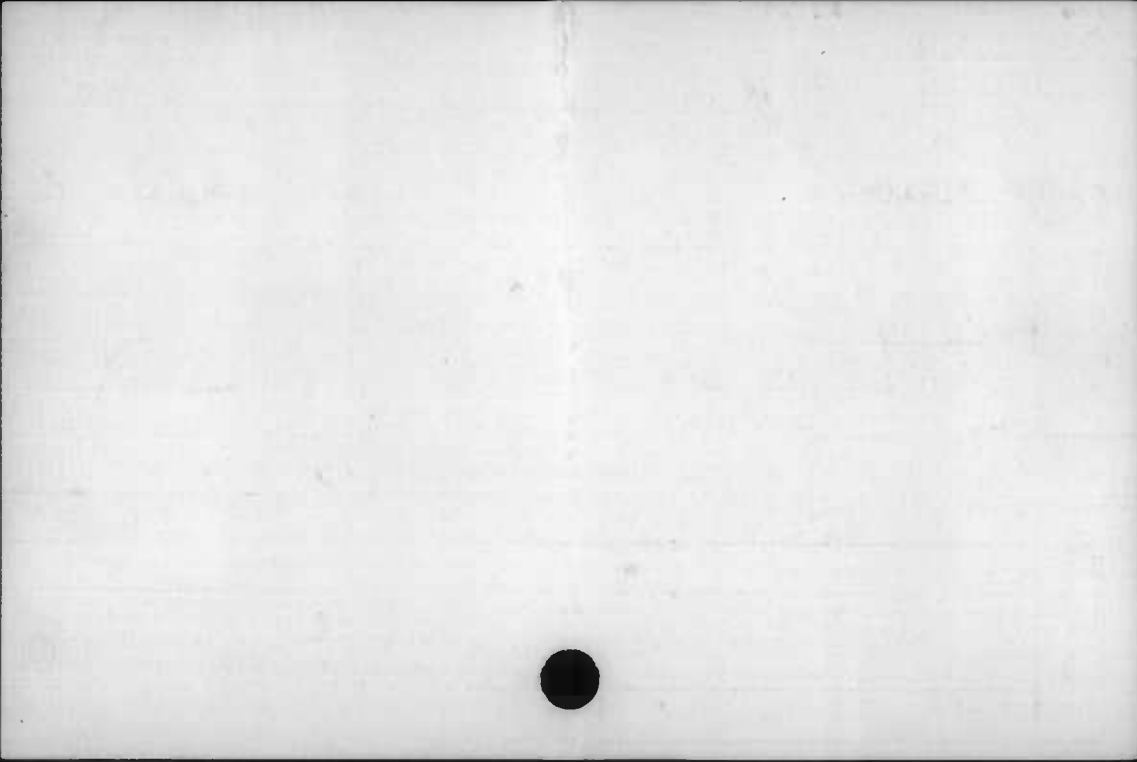
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Earleville</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	19 <i>10</i>	Month <i>4</i>	Day <i>27</i>	Age	<i>19</i>	Months <i>2</i>	Days <i>26</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Cecil Co. Md.</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Harrison Yaylor</i>			
Father's Name	<i>Wm Neworks</i>				Father's Birthplace	<i>Va</i>	
Mother's Maiden Name	<i>Julia Smith</i>				Mother's Birthplace	<i>Queen Anne's Co.</i>	
Name of person giving information	<i>Harrison Yaylor</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Child Birth</i>		How long	<i>8 Hours</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>—</i>		<i>E. H. Bradford</i>		
<i>—</i>		Address		
<i>—</i>		<i>Leetons</i>		
Accident or Suicide?		<i>—</i>		



Name
in
Full

Still Born

Wesley

CERTIFICATE OF DEATH

MARYLAND

Died at

North East

Years

Months

Days

Date

of death 1900

Month

4

Day

22

Age

Years

Still Born

Sex

Boy

Color or
Race

C

Birth-
place

North East

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Cyrus E Wesley

Father's
Birthplace

McCumies V

Mother's
Maiden Name

Eskel Mitchell

Mother's
Birthplace

North East

Name of person giving
Information

Thursbam

How related
to deceased

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

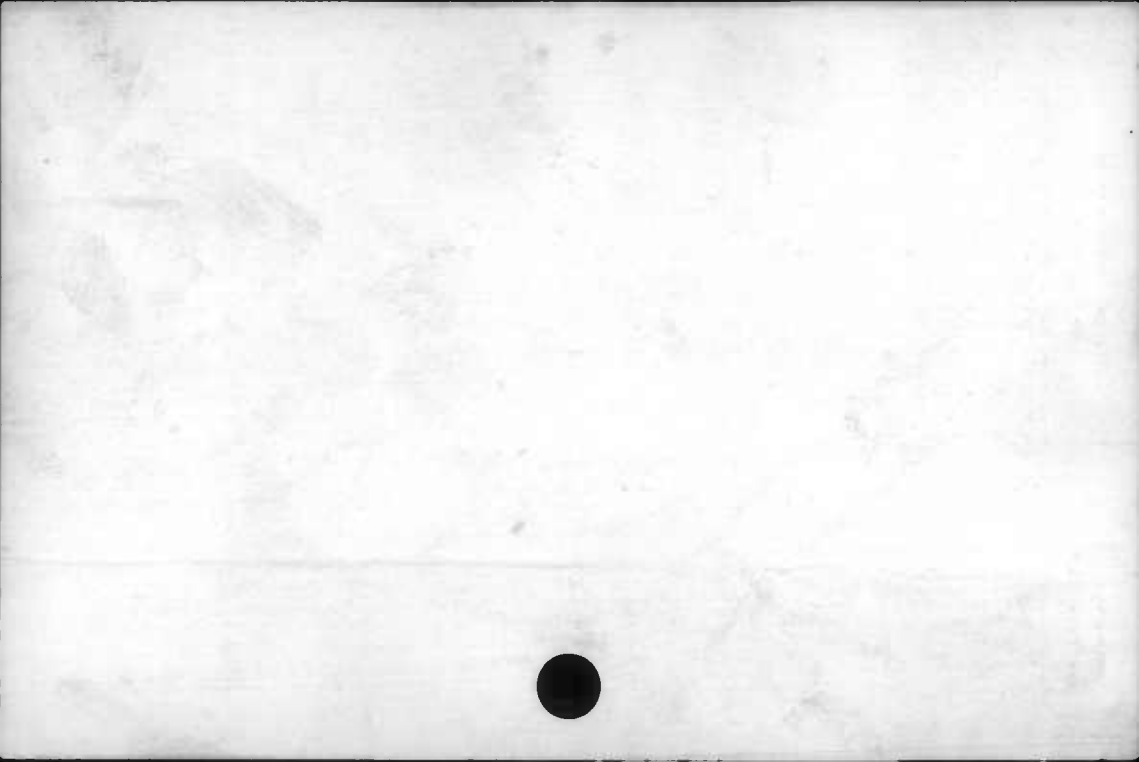
Address

L J Hamrick
North East
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

David White
Town Year Charlestown Cecil County

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1940 Month 4 Day 6 Age 67 Years Months Days

Sex Male Color or Race W Birthplace Unknown Occupation Fisherman

Where Residing if not at place of death

Balto

Married, Single or Widowed Married Name of Wife or Husband Martha White

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information Washington Barnes

How related to deceased No

CAUSES OF DEATH

Primary Kidney Trouble
Immediate Heart Disease

How long 2 years
How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Frank Grayer Coroner
Sexton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Almshouse

Name
in
Full

Myrtle M. Winkler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryville</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	Month <u>4-</u>	Day <u>25-</u>	Age <u>13</u>	Months <u>11</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Del.</u>			
Occupation <u>School girl</u>		Where Residing if not at place of death <u>Perryville, Md.</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Thos. R. Winkler</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Dora J. Jones</u>	Mother's Birthplace <u>Va.</u>				
Name of person giving Information <u>Thos. R. Winkler</u>	How related to deceased <u>Father.</u>				

CAUSES OF DEATH

(61) ✓

PHYSICIAN
OR CORONER

Primary	<u>Acute Meningitis (non contagious)</u>	How long <u>Several days</u>
Immediate	<u>Progressive Cardiac Asthenia</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>L. S. Taylor, M.D.</u>
		Address <u>Perryville, Md.</u>
Accident or Suicide <u>✓</u>		

Drumington

Blairstown

Geo. J. Panneytor

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>War</i> ^{Town} <i>Aceth</i> ^{County} <i>Cal</i>		MAYLAND	
Date of death <i>1910</i>	Month <i>April</i>	Day <i>17</i>	Age <i>73</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>	Months _____ Days _____
Occupation <i>Farmhand</i>	Where Residing If not at place of death _____		
Married, Single or Widowed	Name of Wife or Husband <i>Sallie Jones</i>		
Father's Name <i>Samuel Young</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Rachel Young</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information _____	How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Several years</i>
Immediate <i>Cardiac Dilatation</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dorsey W. Lewis</i>
	Address <i>Middletown - Del.</i>
Accident or Suicide?	

